

# DECLARATION AND POWER OF ATTORNEY FOR APPLICATION FOR UNITED STATES PATENT

As a below named inventor, I hereby declare that:  
my residence, post office address and citizenship are as stated below under  
my name;

I verily believe I am the original, first and sole inventor (if only one name  
is listed below) or an original, first and joint inventor (if plural names are  
listed below) of the subject matter which is claimed and for which a patent is  
sought on the invention entitled:

IMAGE READER

described and claimed in the specification:

Check one

\*a. ☒ attached hereto.

b. ☐ filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_.

I have reviewed and understand the contents of the above-identified  
specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me  
to be material to patentability as defined in Title 37, Code of Federal Regulations  
§1.56. Under Title 35, U.S. Code §119, the priority benefits of the following  
foreign application(s) filed within one year prior to this application are hereby  
claimed:

1. Japanese Patent Application No. P. 2000-108298 filed on April 10, 2000
2. Japanese Patent Application No. P. 2000-108299 filed on April 10, 2000

The following application(s) for patent or inventor's certificate on this  
invention were filed in countries foreign to the United States of America either (a)  
more than one year prior to this application, or (b) before the filing date of the  
above-named foreign priority application(s):

I hereby appoint the following as my attorneys of record with full power of  
substitution and revocation to prosecute this application and to transact all  
business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;  
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; and  
Edward P. Walker, Reg. No. 31,450.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF &  
BERRIDGE, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this  
Declaration, and that all statements made herein of my own knowledge are true and  
that all statements made on information and belief are believed to be true; and  
further that these statements were made with the knowledge that willful false  
statements and the like so made are punishable by fine or imprisonment, or both,  
under Section 1001 of Title 18 of the United States Code and that such willful false  
statements may jeopardize the validity of the application or any patent issued  
thereon.

1	Typewritten Full Name of Sole or First Inventor	Tsutomu		ABE
2	Inventor's Signature	Given Name	Middle Initial	Family Name
3	Date of Signature	November 15, 2000		
	Residence	Ashigarakami-gun	Kanagawa	Japan
		City	State or Province	Country
	Citizenship	Japan		
	Post Office Address	c/o Fuji Xerox Co., Ltd., 430, Sakai, Nakai-machi		
	(Insert complete mailing address, including country)	Ashigarakami-gun, Kanagawa, Japan		

If Box a. is checked, this form may be executed only when attached to the  
specification (including claims) at the end thereof.

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and  
insert the actual date of signing on line 3.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

(Discard this page in a sole inventor application)

1 Typewritten Full Name of Joint Inventor Tetsuo IYODA  
Given Name Middle Initial Family Name  
2 Inventor's Signature *Tetsuo Iyoda*  
3 Date of Signature November 15, 2000  
Residence Ashigarakami-gun Kanagawa Japan  
City State or Province Country  
Citizenship Japan  
Post Office Address c/o Fuji Xerox Co., Ltd., 430, Sakai, Nakai-machi  
(Insert complete mailing address, including country) Ashigarakami-gun, Kanagawa, Japan

1 Typewritten Full Name of Joint Inventor  
Given Name Middle Initial Family Name  
2 Inventor's Signature  
Date of Signature  
Residence City State or Province Country  
Citizenship  
Post Office Address  
(Insert complete mailing address, including country)

1 Typewritten Full Name of Joint Inventor  
Given Name Middle Initial Family Name  
2 Inventor's Signature  
Date of Signature  
Residence City State or Province Country  
Citizenship  
Post Office Address  
(Insert complete mailing address, including country)

1 Typewritten Full Name of Joint Inventor  
Given Name Middle Initial Family Name  
2 Inventor's Signature  
3 Date of Signature  
Residence City State or Province Country  
Citizenship  
Post Office Address  
(Insert complete mailing address, including country)

1 Typewritten Full Name of Joint Inventor  
Given Name Middle Initial Family Name  
2 Inventor's Signature  
3 Date of Signature  
Residence City State or Province Country  
Citizenship  
Post Office Address  
(Insert complete mailing address, including country)

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.